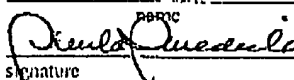


**RECEIVED
CENTRAL FAX CENTER****AUG 03 2004****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: W. David Conley)
Serial No.: 09/475,531) Group Art Unit: 2643
Filed: December 30, 1999) Examiner: Duc Nguyen
For: METHOD AND SYSTEM FOR)
CHARGING A SET ACTIVATION)
FEE FOR PAY TELEPHONE)
USAGE)


I hereby certify that this correspondence is
being transmitted to the United States Patent
& Trademark Office via facsimile to facsimile
Number 703-872-9306 on August 3, 2004
Sheila Smedick.....

 ^{PERC} 8-3-04
signature date

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

Applicant respectfully requests entry of the following amendments and remarks contained herein in response to the Office Action mailed June 3, 2004. Applicant respectfully submits that the amendments and remarks contained herein place the instant application in condition for allowance.

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 99029 (BTL-0197)		
Applicant(s): W. DAVID CONLEY					
Serial No. 09/475,531	Filing Date December 30, 1999	Examiner Duc Nguyen	Group Art Unit 2643		
Invention: METHOD AND SYSTEM FOR CHARGING A SET ACTIVATION FEE FOR PAY TELEPHONE USAGE			RECEIVED CENTRAL FAX CENTER AUG 03 2004		
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	25	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2	3	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: August 3, 2004		
Marisa J. Dubuc Registration No. 46,673 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ Typed or Printed Name of Person Mailing Correspondence </div>		
cc:					